

Dossier Nacional sobre Políticas de Donación Altruista de Sangre

REINO UNIDO

1. Situación en el país de la Donación Voluntaria Altruista (no Remunerada) de Sangre

1a) Volumen total anual de las Donaciones de Sangre realizadas por los distintos tipos de Donante (de Reposición, Remunerados, Voluntarios Altruistas) y proporción de la Donación Voluntaria Altruista en el total (en lo posible datos correspondientes a los años 2003, 2004, 2005 y 2006)

Data for England: 100% voluntary, altruistic blood donations. 85% of all donations are from repeat blood donors.

Blood collections for the last three years are as follows:

2004: 2,228,000

2005: 2,049,000

2006: 1,993,000

The decline in collection is due to decline in demand from hospitals because clinicians are using blood more appropriately and are also using alternatives to transfusion, such as stopping aspirin and anticoagulants before surgery, treating iron deficiency anaemia in the pre-operative period, using anti-fibrinolytics, etc.

1b) Resumen de experiencias positivas en la promoción de la Donación Voluntaria Altruista, que se estime puedan eventualmente replicarse o ayudar al mejor éxito del trabajo promocional en los países demandantes.

- Making blood donation easily accessible and convenient to donors at the time they wish to donate and where they wish to donate
- Education of the public: at schools, universities, through newspapers, radio and television
- Treating donors appropriately and politely. Collection staff are trained in customer care, understanding that donors are doing the National Health Service and patients a favour, and not vice versa
- Inviting famous people (“celebrities”) to publicise their donation experiences in posters, newspapers, radio and television
- Inviting celebrities to publicise their experiences as recipients of blood transfusion, thanking donors for saving their lives or helping them to improve their quality of life
- Giving appointments to donors by e-mail
- Making sure donors receive appointments, with alternatives

1c) Resumen de experiencias negativas observadas en el trabajo promocional. Principales dificultades que contribuyeron a los resultados.

- Staff treating donors in a diffident and uncaring way
- Long queues with people waiting too long to donate
- Occasionally, lack of information to donors, when invited to donate, of reasons for deferral

1d) Total de recursos humanos, materiales y financieros destinados por el país para estos fines

Red Cell Unit Price (c£130)

'Fixed' / 'Semi-Fixed' Costs c£100 of every unit issued

'Consumable' Costs c£30 of every unit issued

Red cell income = c£257m (c80% of blood component income)

Red Cell Unit Price - 'Consumable' costs (c£30)

Blood Packs c£13

Test Kits (including NAT) c£10

Collection, marketing and other consumable costs c£7

Red Cell Unit Price - 'Fixed' / 'Semi-fixed' costs (c. £100)

Blood Collection c£32

Processing, Testing & Issue c£20

Marketing & Advertising c£8

Support Functions and overheads c£40 (Management, Transport, IT, Estates, Warehousing, Finance, Procurement, HR, Medical, QA, Corporate Communications, Hospital Liaison and R&D)

2. Rol del Estado

2a) Existencia en la organización sanitaria estatal de instancias específicas para el trabajo hematológico y en Medicina Transfusional (Donaciones, Fraccionamiento, Transfusión de Sangre)

In England, with a population of just over 50 million inhabitants, the National Blood Service (NBS) is part of the National Health Service (NHS). The only service allowed legally to collect blood for transfusion is the NBS. The budget and accountability of the NBS are part of the NHS. The NBS recovers its revenue costs through charges to hospitals, which in the majority belong to the NHS. Charges are for blood components as well as for diagnostic and therapeutic services. Blood collection is performed by the NBS staff, under registered nurses or doctors. There are 80 collection teams, some working in static clinics and some in mobile teams (bloodmobiles or public places like colleges, churches, industry where the NBS takes beds and equipment).

Blood is tested and processed 100% into blood components in ten blood centres. Due to the scare of vCJD, UK plasma is not used for fractionation – it is discarded. The Optipress (top and bottom) system is used to process blood and four buffy coats are used to make one adult platelet dose consisting of 3×10^{11} platelets. All blood components are leucodepleted by filtration. Three of the ten blood centres perform NAT for HCV for all blood donations (samples are transported every night to these centres, so results are ready in less than 18 hours from collection). Most static clinics do apheresis for platelets with more than 50% of the platelets in England collected by apheresis – such platelets are leucodepleted and therefore do not need filtration.

The NBS also has therapeutic and diagnostic laboratories in most centres: 10 reference laboratories for Red Cell Immunohaematology; 7 laboratories for Histocompatibility and Immunogenetics, and Platelet and Granulocyte Immunology; 1 British Bone Marrow Registry (with more than 250,000 HLA-typed donors); 1 Reference Transfusion Microbiology laboratory (includes Bacteriology); 8 Stem Cells and Immunotherapy laboratories; 1 Cord Blood Bank; 1 Components Development laboratory; 4 Research & Development centres; the International Blood Group Reference laboratory; 1 national Blood Stocks Management Scheme; 1 national Haemovigilance system; 2 Tissue Banks.

Blood Transfusion is performed by the Transfusion Medicine Units in hospitals with blood supplied by the NBS. No hospital collects blood or blood components. 98% of hospitals participate in the SHOT Haemovigilance system and all participate in the Blood Stocks Management Scheme. Overall, national wastage of red cells including the NBS and hospitals is less than 3%. Platelet wastage is c.9-10%.

2b) Existencia de instancias específicas en la organización sanitaria estatal para el trabajo promocional en Donación Voluntaria Altruista de Sangre (incluida la organización de Colectas, etc.)

Not applicable

2c) Existencia de Política Nacional de Sangre

There is a national blood policy, a national blood programme and strategy which needs annual approval by the Department of Health.

There is a “Better Blood Transfusion” initiative led by the Chief Medical Officer for the NHS, who is directly accountable to the Minister of Health.

2d) Existencia de Plan y Programa Nacional de Promoción de la Donación Voluntaria Altruista (no Remunerada) de Sangre

There is a national programme and plan for promotion, renewed on an annual basis, with collection targets. Targets are dependent on market research, trend analysis and statistics provided by the logistics research department in donor services.

2e) Proyección nacional de crecimiento de la Donación Voluntaria Altruista de Sangre

Since we have 100% voluntary blood donation, this is not applicable.

2f) Recursos humanos, materiales y financieros destinados por el Estado para estos fines

This is answered in 1d.

3. Rol del Sector Privado

3a) Proporción en que las instituciones sanitarias privadas (Hospitales, Clínicas, otras) participan en la generación de las Donaciones totales anuales de Sangre

Not applicable.

3b) Proporción de las Donaciones Altruistas en el total de las Donaciones recolectadas por las instituciones sanitarias privadas

Not applicable.

3c) Resumen de las iniciativas desarrolladas en ámbito de la Promoción de la Donación Voluntaria Altruista (no Remunerada) de Sangre

Answered above.

3d) Recursos humanos, materiales y financieros destinados por las instituciones privadas para estos fines

Not applicable.

4. Rol de las Organizaciones Civiles

4a) Formas principales de aporte de estas Organizaciones (incluso las religiosas) a la promoción de la Donación Voluntaria Altruista y Organizaciones que amerite especialmente destacar

We believe that the NHS should be responsible for the provision of safe blood. We therefore do not have, and do not promote, voluntary donor organisations, since we believe they interfere with the running of our services.

4b) Existencia de ONGs participando en este tipo de promoción y resultados de evaluaciones al respecto

Same answer as 4a.

4c) Resumen de las iniciativas desarrolladas en ámbito de la Promoción de la Donación Voluntaria Altruista (no Remunerada) de Sangre

Answered above.

4d) Recursos humanos, materiales y financieros destinados por las instituciones privadas para estos fines

Not applicable.

5. Rol de instituciones sanitarias internacionales (y de la cooperación internacional)

5a) Rol de la rama local de la Cruz Roja Internacional en la promoción de la Donación Altruista de Sangre, eventualmente en la atención médica de los Donantes (Selección de los Donantes, Extracción de la Sangre, Conservación y Transporte a establecimientos procesadores) y otro trabajo transfusional

Not applicable.

5b) Recursos humanos, materiales y financieros destinados por la Cruz Roja para estos fines

Not applicable.

5b) Contribución de OPS, OMS u otras instituciones

The NBS contributes to the global blood programme of the WHO by providing experts in all aspects of blood services and Transfusion Medicine, whenever required. Professionals in the NBS have contributed greatly to the WHO guidelines, to the distance learning programme, etc. The NBS is also represented at GCBS and members regularly attend its annual meeting.

5c) Formas de colaboración con países limítrofes, del Continente y de otros Continentes

The NBS assists countries in the developing world. We have collaboration initiatives in Africa, South East Asia and South America. We have greatly assisted the Malawi and Sri Lankan Blood Transfusion Service with the implementation of their blood programmes. We have also assisted Chile (Co-operation Agreement), Colombia, Argentina, Mozambique, India, the Arab countries, Malaysia, Thailand, China, etc. Assistance has been mainly with teaching and training of professionals.

6. Instrumentos Normativos

6a) Existencia de Ley de Sangre y otros documentos con fuerza de ley

We follow the European Directive for blood.

6b) Existencia de Normas específicas sobre Selección de Donantes, Extracción de Sangre, Tamizaje Microbiológico y otras pertinentes

The UK blood services follow the “Red Book”, on Guidelines for the blood transfusion services. All aspects of donor selection, blood collection processing, testing and issue are covered in these guidelines.

We also comply with the European Directive and with specific accreditation bodies, depending on our activities (e.g. clinical pathology accreditation, medicines health regulatory agency, etc).

6c) Compromisos internacionales vigentes (Ej.: Resolución CD 46.R5 del 46 Consejo Directivo de OPS - “Plan Regional de Acción para la Seguridad Transfusional 2006-2010 “)

7 Datos básicos del País:

7a) Régimen Político

7b) Demografía – Población total, distribución por edades y sexos, % de aumento vegetativo

7c) Economía – Ingreso per capita y PIB año 2006, % crecimiento anual PIB (promedio último quinquenio), % PIB destinado a Salud (Subsectores Estatal y Privado).

7d) Salud – Tasas de Mortalidad y (en lo posible) de Morbilidad. Tasa de Natalidad. Esperanza de Vida. Estructura (en general del Sistema Nacional de Atención Médica (Subsectores Estatal y Privado)

7e) Educación – Número de alumnos de Niveles Básico, Medio y Superior (E. Técnica - E. Universitaria). Tasa de analfabetismo.